Virginia Department of Health, Division of Disease Prevention
Ryan White CARE Act Part B and HIV Prevention Services
Statewide Public Hearing Conference Call
November 6, 2007

The public hearing conference call began at 1:30pm and there were eight callers and ten representatives from the Virginia Department of Health (VDH).

Ami Gandhi, HIV Community Planner for VDH, welcomed participants to the public hearing conference call and VDH representatives introduced themselves. Callers were then asked to introduce themselves and what health region they were calling from. A brief overview of the process for the conference call was given and ground rules were discussed. Attendees were informed that the call was being recorded and that questions and comments not asked during the call could be submitted within the next two days for inclusion into the minutes.

Ms. Gandhi, then, provided an update on the upcoming release of the 2008 Comprehensive HIV Prevention Plan and the 2008 Epidemiology Profile, both of which are anticipated to be released in December of 2007.

Diana Jordan, Director of Health Care Services at VDH, then discussed the Health Care Services program and provided the following updates on the program. The State Pharmaceutical Assistance Program (SPAP), which is being handled by PSI, was affected by state funding cuts. SPAP will continue to, however, pay for premiums. The AETC and Arthur Ashe program were also affected by state cuts. Program changes are not anticipated due to the state funding reductions. Virginia has had an increase in funding resulting from the Ryan White reauthorization. The biggest impact was increased funding for ADAP, being $4million. As a result, the ADAP formulary will continue to be expanded and the program will also begin developing a centralized eligibility program.

The call was then opened up to the callers for questions or comments regarding HIV prevention and/or HIV care services. The following questions were asked or concerns voiced by callers with the discussion in response.

How was PSI selected to handle SPAP?

- PSI was chosen through a competitive RFP process. Of those that applied for the RFP, PSI demonstrated the best capability of handling the SPAP process.

Several states have recently declined abstinence funds. What is VDH's stance on this?

- The state abstinence program does not fall within the Division of Disease Prevention, but rather under the Office of Family Health Services. VDH staff on the call will contact the appropriate staff regarding the abstinence program and will follow up with the caller.

With rates increasing in the minority populations, will there be more prevention funding to target these populations?

- There are not additional HIV prevention funds to target minority populations. However, awards for the Minority AIDS Project is currently in the process of being made, which funds

community based organizations to provide HIV prevention services to racial and ethnic minority populations. In addition to this, the Division was recently awarded HIV testing funds through a CDC grant. 80% of these funds will provide HIV testing in clinical settings and will primarily target the African American population. Furthermore, Blacks are ranked second as a priority population in the 2008 Comprehensive HIV Prevention Plan and Latinos are also a priority population.

When will the HIV prevention plan be coming out and RFPs from the CPG?

- The Plan will be released on Dec 1st of 2008. The CPG does not release RFPs as a result of the Plan; however, the Plan will guide the RFPs released for the current grant programs in the HIV prevention program. Some decisions made by the CPG for the Plan have already been incorporated into grant programs, such as the target populations for the AIDS Services and Education grant program, which was awarded this past summer.

Will the state be providing trainings for the new case management standards?

- Yes. The standards have been shared with HRSA for their approval and VDH is addressing the issues HRSA had, such as the acuity scales. VDH is in the process of developing criteria to help agencies create their own acuity scales. The standards are currently in the internal approval process and should be distributed in about 6 weeks. They will be working with Resource and Consultation Center to provide statewide trainings and will have trainings scheduled in the health regions. There will not be a training in Northern Virginia as they have opted out of using standards; however, Northern Virginia staff can attend other regional trainings. A caller offered his services to aid in the trainings.

Will Part B RFPs be released in January? Are there new priorities or anything we need to know regarding the direction VDH wants to go with Part B?

- Part B has had large direction shifts from HRSA, such as mandating the use of 75% of funding for core medical services. This 75% does not include any services provided through the consortia. Virginia is in a time of transition and has always operated on a consortia based system. VDH's plan is to meet this mandate in other ways. VDH is close to meeting 75% mandate through ADAP alone and the shift in medications to ADAP will help reach the benchmarks. The State RFP process is being planning to be distributed to the regional lead agencies in late spring 2008. Lead agencies may opt to have their own RFP process for their subcontractors. They are not foreseeing any large change except in the emphasis on core services. Other service initiatives in Part B include a centralized eligibility process for ADAP as it is not feasible to rely on local health departments to determine eligibility. They will be consulting with HRSA on how to best do this and plan to release a RFP for a contractor to manage the centralized eligibility in early 2008. The final service initiative will be to examine health insurance support (premiums, co-pays) for clients. They will be receiving technical assistance through HRSA on this, but do not have RFP date yet.

Are co-pays allowable for mental health services?

- From federal and state standpoint, if the services are in the allowable service category, then co-pays are allowable. Mental health is an allowable service.

Is the public allowed at the ADAP advisory committee meetings?

- The advisory committee is made up of prescribers, providers, consumers, and others. Members of the committee are appointed; however, others that are interested can attend and voice their interest in being a part of committee. Meetings are open to the public. It is a working committee, so visitors are asked to attend as observers unless asked by members otherwise.

Are there any activities in General Assembly this year for HIV/AIDS?

- Not aware of any activities or changes to testing legislation being initiated by Division for the General Assembly. Due to the recent state funding reduction, there will most likely not be any initiated by the Division. However, there may be some initiatives coming from community groups.

Some agencies that offer rapid testing have been swayed not to do mass rapid testing. Is this coming from VDH?

- VDH supports routine testing; however, limited resources do not allow us to fund mass testing. Our initiatives focus on targeted testing because of limited funds. We have recently worked with Fan Free Clinic and Minority Health Consortium, both located in Richmond, to assist in mass testing events.

Individuals who are not 'high risk' may be missed in targeted testing. What is being done to reach those who are not aware of risk?

- HIV testing is the linkage between prevention and care services. The CDC HIV testing recommendations are for testing in clinical settings. Mass testing in the community has not shown high positivity rates. We need to encourage those with health insurance to get tested at primary care provider. For those with no insurance, the new HIV testing grant awarded to the Division can help support testing in other clinical settings, such as ERs and community health centers. 80% of the testing grant targets testing in clinical settings. It will take all of our providers to bridge gap for those providers where HIV is not the primary focus.

VDH staff then asked callers for suggestions in promoting HIV testing in non-HIV care sites. The following comments and suggestions were made.

- One caller did not feel that ERs would have the ability to provide HIV testing as there are so many other things happening in this setting. He did not feel that providers would take the time to promote testing. Another caller responded by stating that there has been a positive response to HIV testing in ERs in the DC area, specifically at George Washington University and Howard University. ERs do, however, need adequate funding and volunteers to do testing and there are still many barriers involved.

  VDH staff responded by stating that the new testing grant program would begin with ERs that have shown support to the initiative. Many hospitals showed their support to integrate testing during the process of applying for the testing grant. ERs do have a concern, however, with doing rapid testing because of the influence it would have on patient flow into the ER. Therefore, there will most likely be serologic testing in ERs. A caller stated that the AETC will be working with VDH on providing trainings at hospitals in Central and Eastern regions and efforts are being made to educate providers.

VDH staff asked callers for suggestions on how VDH can get buy-in from providers and community regarding routine testing in clinical settings.

- One caller stated that the Virginia Commonwealth University, Medical College of Virginia Hospital (MCV)has had Jeremy Brown from George Washington University come work with other providers at MCV to discuss with doctors about testing and what is working and not working. Doctors at MCV have been reluctant in doing HIV testing in ERs. Another caller stated that the CDC will be having a roundtable on November 29th and 30th that will include workshops for ER doctors and staff to promote HIV testing.

A caller had a concern that once you have individuals tested and they come back positive, *what will be done for follow up? Will ERs be able to handle referrals and follow up?*

- It will be difficult for ERs to handle referrals and follow up for individuals with a positive HIV test result. ERs that are supporting the testing initiative will have the assistance of health counselors for follow up activities. Care Services will need to do some work to keep people linked to services.

How are people paying for testing?

- Thus far, there have not been issues regarding reimbursement from insurance for testing. It is more of an issue with uninsured individuals, which is where the testing grant will assist.

A suggestion was made by VDH staff that ERs could be brought into the consortia to provide a linkage with Ryan White providers.

Is there any movement from HRSA to help with linkages between community (support) services and clinical providers?

- VDH is in the process of planning a Ryan White all grantees meeting to bring together all funding streams throughout the state. There has been a challenge to coordinate services throughout state with different funding streams.

A caller from the Central health region stated that there is a *disconnect between mental health, substance abuse and HIV services.*

- A major issue is finding providers willing to provide services. There are similar issues throughout state, specifically in the Southwest and Northern regions. Also, the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSA) have had a recent loss of funding for early intervention services through SAMSHA funding. Virginia is no longer eligible for this funding because AIDS case rate has declined. VDH does not know yet what full ramifications will be from this loss in linkages to mental health and substance abuse services.

  The caller stated that the disconnect was a combination of having long waits to get an appointment with providers and well as not being able to follow up after the patient has seen the provider. Long waits for the provider can be discouraging for clients, which can lead to clients being lost to care. Another caller stated that in the Northwest region, they do not have any substance abuse providers outside of the Community Services Board (CSB). Clients that have a need these services have a 4-month wait at CSBs. Again, clients are lost to care because their substance abuse and mental health issues are not being controlled. There is a

need for more mental health and substance abuse providers to be involved with HIV/AIDS planning.

Another caller stated that their agency had a mental health provider who has now left. They are now using volunteer providers. However, when patients are referred to them, they take care of the immediate issue and are not willing to see people endlessly.

This began a discussion of a need to establish a structured mental health model as well as a need for consumer education so that clients know what type of services they will be getting. VDH staff asked the callers for suggestions on what VDH can do to assist with consumer education. It was stated that the need was to provide consumer education in regards to the reasonable expectations for the services. Materials can be developed from the state level to provide consistency of the services being provided through Ryan White funds. It was also stated that these materials should be a separate document from existing VDH materials, such as the Positive Living manual. A caller also suggested that teachable moments in waiting rooms of the providers can be used to educate consumers.

VDH staff asked callers for ideas on ways to communicate back to consumers about input received at public hearings and other meetings. Suggestions made included mailings through their providers, since many consumers do not have access to the internet, as well as a display at the Ryan White all grantees meeting.

In closing, VDH staff asked callers on their thoughts on holding the public hearing by conference call and ways to include more consumers on future such calls. Callers felt the conference call was easily accessible and cut down on travel costs and liked the updates given by VDH at the beginning of the call. For future calls, callers would like to have an agenda or topics to think about prior to the call as well as an overview of the prevention and care programs at VDH. A caller suggested that agencies could have teleconferences to include more consumers on future calls.